

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

Fo	r Official Usp Only
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E	OLINS DE

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

OT IN O	
1. File Number U - 13206	2. Fiscal Year Covered From:
	6/11/2004 Through: [] / 31/2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Willis E Norton	Name Iron workers local 732
	Labor Organization File Number 046-833
P.O. Box, Bldg., Room No., if any D.O. BOX JOD.	P.O. Box, Building and Room Number, if any A.O. Box ADD
Street \$50 932 Rocky Print RD	Street 456 N. Arthur
City DOC	City POCA to 1/0.
State ZIP Code + 4 7304	State TOANO ZIP Code + 4 83004
5. Position in labor organization. Business mines	AGEC / FINACH SOCITIONSUM
	· · · · · · · · · · · · · · · · · · ·
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A 41 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).  Name	on represents or is actively seeking to represent.
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	on represents or is actively seeking to represent.
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization of the state of t	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization of the state of t	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization of the state of t	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the

Name of Person Filling Willis & Norton	7 File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name WASHINGTON CAPITAL  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street ISO FFH Ave Surfe 1500  City SEAHLE  State WASHINGTON ZIP Code + 4 9810/363	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Tutornown tain Tronuorikers Health Trade Name, if any:  P.O. Box, Bldg., Room No., if any  P.O. Box 30/34/3	11.a. Nature of such dealing.  Bought mc Dinner		
City SAIT LAKE CITY	11.b. Approximate dollar value of such dealing. 15.90		
State DFARO UFAR ZIP Code + 4 P4130-0014	Bought me DINNE # DAN for it 15:90		
	12.b. Amount. 15.90		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant .?	14.b. Amount of payment.		

Name of Person Filing Willis & Norton	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Externountain Tropulariers Health			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any (1) (30x 30/24)	b. Trust c. Employer		
Street 3/56 W 0000 5			
City SAIT LAKE CITY	`		
State	•		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Willis Norton	Reimburse me for personal		
Trade Name, if any:	CIPALL MORTINIS & ONC		
P.O. Box, Bldg., Room No., if any	Reimburse me for personal Expenses for Attending Sinst meetings & one Educational meeting		
Street 930 - ROCKY POINT RD	11.b. Approximate dollar value of such dealing.		
City Doc 1987 The Company of the Com	12.a. Nature of interest held or income received.		
State ZIP Code + 4 82004	2.4. Nature of anterest near or ancome received.		
	12.b. Amount.		
	12.0. Allount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City			
State ZIP Code + 4			
	14.b. Amount of payment.		
13.b. is the Business an Employer cr Consultant?			



U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2204	2. Fiscal Year Covered From:	
	[] / [] / 2007 Through: [] / 3) / 2005	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Willis E Norton	Name Dronworkers local 132	
	Labor Organization File Number 0 46 - 821	
P.O.Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box Jav	
Street 922 ROCKY POINT RD	Street 456 N. Arthur	
City Pac	City Poc	
State ZIP Code +4 83304	State ZIP Code + 4 93204	
5. Position in labor organization.	iger/ FINANCIAL Sec. / Treasure	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of		
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organizati  6. Name and address of Employer (including trade name, if any).  Name	on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organizati  6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.	
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monetary value from an employer whose employees your organizati  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization of the second state	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The understaned declares, under penalty of	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the	

Name of Person Filing Will's E Morte		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name WAShiNG FON CAPI FAL  Trade Name, if any:	9. Business deals with:  a. Labor Organiza	tion	
P.O. Box, Bldg., Room No., if any  Street 1301 Affl Ave Suite 1500  City Seattle	b. Trust c. Employer		
State WAShington ZIP Code + 4 98101-163	11.a. Nature of such deal	ing	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name TNTCMONTAIN T MINOCKERS  TAX DEFFE CAL PLAN  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.D. BOX 90104	Bough	my Dinner	
Street 2156 W 3000 5	11.b. Approximate dollar value of such dealing.		
State USAS ZIP Code + 4 84/30-002	12.a. Nature of interest he	d or income received.	
	12.b. Amount.	415.90	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Willis F Norto	N	File.Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Intermountain Igniconkers			
Trade Name, if any:	a. Labor Organiza	uon	
P.O. Box, Bldg., Room No., if any P.O. Box: 30/34	c. Employer		
Street 2/56 W 23005			
City SAITLAKE CITY THE SAID			
State			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal		
Name WIII3 Norton	Reimburse	d me tor Personal	
Trade Name, if any:	Expense	I me for personal for attending s tings & I Education	
P.O. Box, Bldg., Room No., if any	meting.		
Street 932 ROCKY POINT RD	11.b. Approximate dollar val	ue of such dealing.	
City DOC 15 TO THE TOTAL T	12.a. Nature of interest he		
State ZIP Code + 4 <b>§3300</b>			
	12.b. Amount.	্ভাগ্যয় করে	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City City			
State ZIP Code + 4		·	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
	i .	<u> </u>	

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

42 B&A	
1. File Number U - /3306	2. Fiscal Year Covered From:
	1 / 1 / 2004 - Through: 13 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Willes E Norton	Name Tronworkers local 132
	Labor Organization File Number 046 - 800
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any POBOX SOC
Street 932 Rocky Houst RD	Street 456 No. Arthur
City DOC	City Poc
State ZIP Code + 4 <b>83304</b> 8	State ZIP Code + 4 8 3 204/
5. Position in labor organization.	ger/Financial Sec/Treasure
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the excli A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations	usions set forth in the instructions):  derived income or other economic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City City	
State ZIP Code + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct and complete. (See the see	ying documents), has been examined by the signatory and is, to the best of the
Signed 1102	

Name of Person Filing Willes E Norto	N	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, If any).  Name WASHINGTON CIA PITTY  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street ISOI FITH AVE SUITE ISON  City Seate  State WASH ZIP Code + 4 98/01-3638	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's riame.	11.a. Nature of such deal	ling.	
Name Dension Tuni Dension P.O. Box 3004	Bought	my diamer	
Street 2156 W 2000 3	11.b. Approximate dollar value of such dealing.		
City SAIT LAKE CITY	12.a. Nature of interest held or income received.		
State		# 15.90	
	12.b. Amount.	[\$ 15.90]	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
P.O. Box, Bldg., Room No., if any Street City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b, Amount of payment.		

Name of Person Filing Willis E Norton	File Number U-		
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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Will 5 North Carlot Carlo	11.a. Nature of such dealing.  Reimbursed Me for De Son O4 Expense for Attack 9.5  Expense for Attack 9.5  Educational Econference  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.		
	12.b. Amount. [2] 252.7.2.5		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).  Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		